



**INDIANA HOUSING FINANCE AUTHORITY
INSPECTION FORM**

☐ Interim Payment ☐ Final Payment

Property Address:	_____	Award Recipient:	_____
Property Owner:	_____	Award Number:	_____
Contract Amount:	\$ _____	Payment Requested:	\$ _____
Contractor Name:	_____	Contractor Address:	_____

Contractor's Statement:

I hereby request to receive a payment in the amount of \$_____. I certify, under the penalty of perjury, that I have satisfactorily completed the necessary work, according to the construction contract, to justify this request.

Signature of Contractor

Date

Inspector's Statement:

I have made a physical inspection of this property. I certify, under penalty of perjury, that all work items for which payment is being requested have been inspected and that the work items corrected at a minimum meet the stricter of the local rehabilitation standards or the Indiana State Building Code.

Signature of Inspector

Date

For HOME Final Payment Only

I certify, under penalty of perjury, that the entire property meets the stricter of the local rehabilitation standards or the Indiana State Building Code.

Signature of Inspector

Date

Property Owner's Statement (if applicable):

I certify, under penalty of perjury, that all work items for which payment being requested have been completed in accordance with the contract and understand that payment will be disbursed to the contractor.

Signature of Homeowner

Date